
The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Asthma

New York State Adults 2006

Introduction

Asthma is a disease that affects the lungs. It is a chronic inflammatory disorder of the airways that causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. The airways of people with asthma often exhibit mucosal edema, epithelial disruption, and infiltration with inflammatory cells. Asthma can be controlled by following a medical management plan and by avoiding contact with environmental “triggers,” such as cockroaches, dust mites, furry pets, mold, tobacco smoke, and certain chemicals. Over the past two decades, the burden of asthma in the United States has increased. However, within the last few years, mortality and hospitalizations due to asthma have decreased and asthma prevalence has stabilized, possibly indicating an improved level of disease management.¹ Still, asthma remains a major public health concern and ranks within the top ten prevalent conditions causing limitation of activity and costs our nation \$16.1 billion in health care costs annually.²

BRFSS Questions

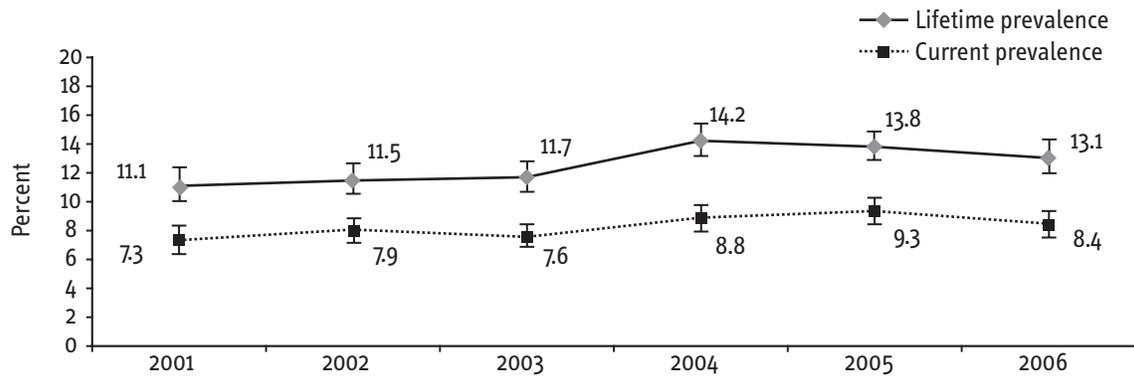
1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

[If “yes”]

2. Do you still have asthma?

Responses to the first question are used to estimate lifetime prevalence of asthma. Responses to the second question are used to determine the current prevalence of asthma.

Lifetime* and current† prevalence of asthma among New York State adults, by BRFSS survey year



* Those ever told by a doctor, nurse, or other health professional that had asthma.

† Those ever told by a doctor, nurse, or other health professional that had asthma, and still have asthma.

Note: Error bars represent 95% confidence intervals.

Lifetime and current prevalence of asthma among New York State adults: 2006 BRFS

	Lifetime asthma ^a		Current asthma ^b	
	% ^c	95% CI ^c	%	95% CI
New York State (NYS) [n=5,914]	13.1	11.9-14.2	8.4	7.5-9.3
Sex				
Male	10.9	9.2-12.6	6.4	5.2-7.8
Female	15.0	13.5-16.6	10.2	9.0-11.5
Age (years)				
18-24	20.9	15.1-26.7	11.2	6.8-15.6
25-34	11.3	8.7-14.0	7.0	4.9-9.1
35-44	14.7	12.3-17.2	9.4	7.5-11.2
45-54	11.0	9.0-12.9	7.7	6.1-9.4
55-64	13.1	10.8-15.5	9.1	7.1-11.1
≥ 65	9.7	7.9-11.6	7.2	5.5-8.8
Race/ethnicity				
White non-Hispanic	13.3	11.9-14.6	8.7	7.7-9.8
Black non-Hispanic	14.5	10.7-18.4	9.8	6.6-12.9
Hispanic	11.4	8.5-14.3	7.4	5.2-9.7
Other non-Hispanic	13.3	8.7-17.9	7.1	3.7-10.5
Annual household income				
< \$15,000	15.4	11.5-19.4	12.1	8.6-15.5
\$15,000-\$24,999	15.4	11.9-18.9	11.0	8.0-14.0
\$25,000-\$34,999	12.2	8.8-15.5	7.7	5.0-10.4
\$35,000-\$49,999	12.5	9.1-15.8	6.6	4.3-8.8
\$50,000-\$74,999	12.5	9.6-15.5	8.6	6.2-11.0
≥ \$75,000	11.7	9.8-13.7	7.1	5.6-8.6
Missing ^d	13.4	10.1-16.8	8.0	5.6-10.5
Educational attainment				
Less than high school	16.1	12.0-20.3	11.6	8.2-14.9
High school or GED	12.4	10.1-14.7	9.2	7.1-11.2
Some post-high school	15.5	13.0-18.1	9.6	7.8-11.4
College graduate	11.0	9.5-12.5	6.2	5.1-7.3
Disability^e				
Yes	20.5	17.7-23.3	15.9	13.3-18.4
No	11.3	10.1-12.6	6.7	5.8-7.6
Region				
New York City (NYC)	12.8	10.7-14.8	8.4	6.8-10.1
NYS exclusive of NYC	13.2	11.8-14.6	8.4	7.4-9.5

^a Ever told by a doctor, nurse, or other health professional that had asthma.

^b Ever told by a doctor, nurse, or other health professional that had asthma and still have asthma.

^c % = weighted percentage; CI = confidence interval.

^d "Missing" category included because more than 10% of the sample did not report income.

^e All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

References

1. American Lung Association. *Trends in asthma morbidity and mortality*. New York: American Lung Association, Epidemiology & Statistics Unit, Research and Program Services, July 2006.
2. Weiss KB, Gergen PJ, Hodgson TA. An economic evaluation of asthma in the U.S. *The New England Journal of Medicine* 1992; 326:862-866.

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